

A Monthly Bulletin on Epidemiology & Public Health Practice in Washington State

Washington to Receive \$4 Billion in Tobacco Funds

Washington's share of the historic tobacco industry settlement signed at the end of 1998 amounts to \$4.02 billion over the next 25 years. Payments will total \$323.1 million

in the 1999–01 biennium and will average \$149 million per year thereafter. Four major tobacco companies agreed to pay \$206 billion to 46 states and the District of Columbia over the 25-year settlement.

Gov. Gary Locke called on the 1999 Legislature to use most of the state's share of these funds to protect Washington's Basic Health Plan for working families and expand Medicaid health coverage for children in families with low income. "At the threshold of the 21st century, we'll use this settlement to settle the score

with Big Tobacco. We'll use their money to build healthy, educated families who have the strength and knowledge to fight the addiction the tobacco industry is peddling," Locke said in announcing the settlement.

Locke's proposal directs \$157.5 million to the state Health Services Account to

address projected revenue shortfalls, including \$72.7 million in the Basic Health Plan (BHP) and \$80.8 million in the Medicaid Healthy Options program for children. Enrollment in the BHP is expected to reach 137,200 in the 1999–01 biennium; the benefits package and costs to enrollees costs will remain at current levels.

An additional \$4 million from the Health Services Account will be used to start the Children's Health Insurance Program to provide subsidized health coverage for

about 10,000 children up to age 18 who live in households with income between 200 and 250% of the federal *Continued page 2*

It is our goal to make the current generation of smokers in Washington the last generation of smokers in our state.

Gov. Gary Locke

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Salmonellosis Outbreak Traced to Washington Alfalfa Sprouts

Oregon public health officials recently announced an outbreak of salmonellosis associated with sprouts. As of February 12, 11 persons had been diagnosed with *Salmonella* serotype Mbandaka, and additional cases were being investigated in Washington State. The Mbandaka serotype is rare, with only a few isolates annually in either Oregon or Washington.

Salmonellosis is one of several acute bacterial infections that can result from consuming contaminated produce. Previous outbreaks have been traced to melons and unpasteurized orange juice in addition to sprouts. *E. coli* O157:H7 outbreaks have also been associated with sprouts, and to unpasteurized apple cider and lettuce.

Infection with *Salmonella* can cause diarrhea, fever, and vomiting. Similar symptoms occur with *E. coli* O157:H7. More severe complications can develop with either infection and are more likely for very young children, the elderly, and immunocompromised persons. Consumers should wash all fruits and vegetables and follow good cleanliness practices in the kitchen. Stool cultures should be obtained for patients with severe diarrhea.

The contaminated sprouts were produced by Hydro Harvest, Ltd., of Brush Prairie, Wash., and distributed through wholesalers to many grocery stores, restaurants, and other retail outlets in Oregon and Washington. A voluntary recall includes all alfalfa sprouts produced by Hydro Harvest since November 1998.

For More Information

For further information on smoking prevalence and the *Tobacco and Health* report, contact Mary LeMier at 360-236-3693 or via e-mail at: mlk0303@doh. wa.gov

References

McGinnis JM, Foege WH: Actual causes of death in the United States. *JAMA* 1993: 270:2207–2212.

The Health of Washington State. Olympia, WA: Washington State Department of Health, 1996.

Data Source

Washington State Department of Health, Center for Health Statistics, Behavioral Risk Factor Surveillance System; supported in part by the Centers for Disease Control and Prevention Cooperative Agreement U58/CCU002118-11 (1997).

Smoking Prevalence Rising Again in Washington

Cigarette smoking is the leading cause of preventable death and disease in the United States and claims more lives than drugs, alcohol, sexually transmitted diseases, firearms, and motor vehicle incidents combined. The Department of Health monitors the prevalence of smoking among adults through the Behavioral Risk Factor Surveillance System. BRFSS conducts an annual random-digit-dialed telephone survey of health behaviors and daily living habits of Washington's noninstitutionalized civilian population 18 years of age and older. The following data on adult smoking was obtained from more than 27,000 BRFSS respondents surveyed from 1987 to 1997.

An estimated 982,700 Washington adults were smokers in 1997 for a prevalence of 23.8%. Smoking declined from 1987 through 1995 but increased during 1996 and 1997 (Figure 1). If current trends continue, the state is not likely to meet its year 2000 goal of a smoking prevalence of 15% or less.

Smoking tends to be more common among young adults. In 1997 the prevalence ranged from a high of 30% for adults aged 18–24 years to a low of 11.3% for those 65 or older. Other factors associated with smoking status included gender, race and ethnicity, income, level of education, and geographic region of residence.

During the past five years, tobacco has become a strong focus for a variety of political and legal initiatives and is a continuing priority for public health agencies. The need is pressing for up-to-date information to guide program and policy decisions. In response, the Department of Health's Office of Community Wellness and Prevention will release a new report, *Tobacco and Health*, presenting trecent data on the health effects of tobacco, the prevalence of tobacco use in Washington, populations at greatest risk with a special emphasis on youth and pregnant women, environmental tobacco exposure, and intervention strategies. •

Tobacco (from page 1)

poverty level. The new coverage will cost \$11.7 million in the next biennium, including \$7.7 million in federal matching funds. Parents will be required to make premium contributions based on their ability to pay.

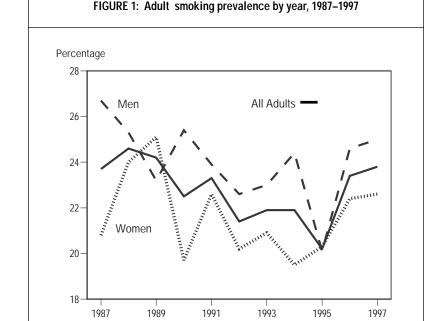
The governor also proposed establishing a dedicated amount of \$155 million for public health programs to help smokers quit and convince young people not to use tobacco. Legislation will define how the fund will be administered and how lead agencies will be held accountable for providing programs that work. ◆

1997 Communicable Disease Report Shows Positive Trends for the '90s

Washington's Annual Communicable Disease Report for 1997 shows progress in disease control during this decade. Newly diagnosed cases of AIDS continued to decline from a peak of 1607 in 1993 to 626 in 1997. Declines were also seen for pelvic inflammatory disease, chlamydia, genital herpes, gonorrhea, nongonococcal urethritis, and most markedly in syphilis, with only 17 cases as compared to 354 in 1990.

Tuberculosis has maintained a fairly stable pattern over the decade while pertussis levels have fluctuated significantly, with 481 cases in 1997 as compared to 830 in 1996 and only 96 in 1993. Large fluctuations also have occurred in hepatitis A cases, but cases of hepatitis B and C have steadily declined during the decade.

Continued page 4



Monthly Surveillance Data by County

† Unconfirmed reports of illness associated with pesticide exposure.

 $_{\cdot}^{\star}$ Data are provisional based on reports received as of January 31, unless otherwise noted

^{§#} Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons



WWW Access Tips

Visit the following Web sites for tobacco-related information:

The Attorney General's Task Force on Tobacco Report at http://www.wa. gov/ago/pubs/Tobacco.PDF

Centers for Disease Control and Prevention Tobacco Information and Prevention Source at http://www.cdc. gov/nccdphp/osh/

Questions? Comments?

If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at function@u.washington.edu

Vital Statistics Data Products Available from DOH

The following vital statistics data products are now available from the Department of Health's Center for Health Statistics:

Annual Statistical Files, Deaths, 1980–1997 (CD-ROM)

Annual Statistical Files, Births, 1980–1997 and Fetal Deaths 1992–1997 (CD-ROM; a signed confidentiality agreement is required to receive this product)

Washington State Vital Statistics, 1997 (report)

Washington State Pregnancy and Induced Abortion Statistics, 1997 (report)

In addition, 18 years of birth and death tables, six years of marriage and divorce tables, and one year of pregnancy and induced abortion tables can be reviewed through the department's Web page at http://www.doh.wa.gov/data/data.htm. Click on "Washington State Vital Statistics Overview" and then on the topic of interest. For more information, call Sharon Estee, CHS manager of research, at 360-236-4321.

Data Update on Breast and Cervical Health Program

The January issue of *epiTRENDS* went to press before we received the most recent results of the Breast and Cervical Health Program. The paragraphs that follow update the second paragraph in column 2, page 2 of the article in the January issue.

Based on 1998 State Office of Financial Management estimates, 47,459 women age 40 years and older are of low income and uninsured. By fall 1998, 20,000 (42%) had been enrolled. Most (71%) of those aged 40–64 live in urban areas, 40% are women of color, and 59% have a high school education or less.

By fall 1998 the BCHP had provided 30,482 clinical breast exams, 22,231 mammograms, 26,054 pelvic exams, and 25,343 Pap smears. At first visit, 93% of enrolled women were referred for a mammogram and 82% of them complied. The screenings

detected 160 cases of breast cancer and 50 of cervical cancer. A concern, however, is that only 40% of women who were initially screened by the BCHP were rescreened by the program a year later.

Communicable Disease (from page 2)

Continued high numbers of most enteric illnesses were reported, including 1150 cases of campylobacteriosis, 149 cases of *E. coli* O157:H7 infections, 675 cases of salmonellosis, and 318 of shigellosis. An outbreak of vibriosis due to contaminated shellfish resulted in 57 cases, the highest number ever reported in one year.

To request at a copy of the full report, call 206-361-2914; or via e-mail, contact function@u.washington.edu.

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